



What next for End Point Assessments?

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Abstract

Purpose: This paper reflects on changes to End Point Assessment (EPA) brought about as a result of the COVID pandemic and considers how the proposed future changes will impact training providers and employers of health apprentices.

Approach: The paper provides an analysis of apprenticeship policy, the role of end point assessment and consideration of assessment strategies used in higher education and health professions. Implications for policy, training providers and clinical practice are proposed.

Findings: These changes will bring the completion of EPA closer to education providers and allow them to take a more direct role within the process. Education providers will need to be issued with clear guidance to ensure regulatory compliance. The pedagogical value of end point assessment is questioned.

Originality/value: Training providers and policymakers will need to review their processes and guidance appropriately. This paper provides a summary of salient points needing consideration.

Paper type: Viewpoint

Keywords: End Point assessment; nursing; apprenticeships; vocational training; skills

Introduction

End point assessments (EPA) are intended to be a synoptic assessment of an apprentice's learning; assessing the entire content of their apprenticeship and allowing the issue of a certificate of successful completion (Institute for Apprenticeships and Technical Education, 2017). Apprentices are only permitted to attempt the EPA after they have passed through the designated 'gateway' – a notional point in the apprenticeship where the apprentice is judged to have completed the required learning and is almost ready to enter their occupational role (Pearson, 2021). EPA is either integrated (completed as part of the degree apprenticeship) or non-integrated (completed independently to the apprenticeship at the very end) (Institute for Apprenticeships and Technical Education, 2020).

End Point Assessments are designed to measure the knowledge, skills and behaviours gained or exhibited by apprentices, as detailed in the associated apprenticeship standard (Institute for Apprenticeships and Technical Education, 2017). They should be a holistic assessment, ensuring an apprentice's competence in the role they will perform after completing the apprenticeship (Institute for Apprenticeships and Technical Education, 2017). The government recognised the introduction of an assessment at the end of the apprenticeship would be harder for apprentices, however, this was balanced with the need for a robust approach (Department for Business, Innovation and Skills, 2015). In our article, we define EPA as 'the final element of assessment undertaken by apprentices, designed to confirm that they have acquired the requisite knowledge, skills, and behaviours', which is undertaken by a registered End Point Assessment Organisation (EPAO). End point assessment and the organisations undertaking EPA are scrutinised through the Institute for Apprenticeship and Technical Education's External Quality Assurance (EQA) process, itself undergoing transformation, with Ofqual and the Office for Students (OfS) becoming responsible for oversight of apprenticeship, EPA and EPAO quality.

The Richard Review (2012) sought to redress previous criticisms of the apprenticeship scheme in the United Kingdom, including perceived flaws with the way the apprentice was assessed. Richard believed that continuous and time-consuming assessment devalued the accomplishments of apprentices, instead favouring a holistic final 'test' (Richard, 2012, p8). The government largely agreed with Richard's recommendations, requiring the main assessment of competence to take place at the end of the apprenticeship in line with outcome-based standards (Department for Business, Innovation and Skills, 2015). It should be noted that

apprenticeship policy remains a devolved responsibility and therefore the changes discussed in this article are applicable in England only, although the principles and implications have a far wider reach.

The Modern Apprenticeship scheme of the mid-1990s had received growing levels of criticism for its format and management and employers' confidence had declined over time. Originally designed to include a National Vocational Qualification and key skills certificate (Brockmann, Clarke and Winch, 2010), the content of modern apprenticeships gradually expanded to include sector-specific qualifications which employers deemed necessary to confirm competence (Steedman, 2001). In 2001, the 'Technical Certificate' was introduced – an attempt by Sector Skills Councils to increase confidence and address growing employer concerns about the validity of the scheme (House of Lords, 2007). However, this resulted in apprenticeships becoming a sequence of discrete elements of teaching and assessment, fragmenting the Modern Apprenticeship scheme even further rather than increasing confidence as intended (House of Lords, 2007). The introduction of the Technical Certificate suggested to employers that the scheme was precisely as flawed as they had suspected and further changes were instigated, leaving mainly the NVQ element as originally intended (Brockmann, Clarke and Winch, 2010). Employer confidence with apprenticeships was low and apprentices were often removed from the apprenticeship before its conclusion having completed only the areas of interest employers deemed relevant (Fuller & Unwin, 2003; Wolf, 2011). This lack of confidence seems to have been a fundamental driver of Richard's suggested reforms and the addition of the EPA became one of the cornerstones of current apprenticeship policy as a result.

Whilst degree apprenticeships were already in existence at the time of Richard's review and subsequent reforms, there has been a marked rise in their popularity over the last few years (Lester, 2020). Higher Education Institutions (HEIs) have fully embraced and engaged with the development of apprenticeships, although the EPA has remained a contentious issue from the beginning (Baker, 2019). Higher education qualifications already require a system of robust student assessment, assuring employers, education providers and students alike that educational standards have been maintained and achieved (Quality Assurance Agency, 2021). This has largely resulted in the EPA becoming a necessary addition, particularly where the issuance of the degree itself bestows the learner with the ability to achieve professional registration or accreditation.

Assessments as part of degree apprenticeships are a mix of both continuous and synoptic, rather than having one single synoptic assessment at the end (as favoured by the government and Richard). These assessments are used to confirm completion of an award, which could be a level 4, 5, 6, or 7 qualification, before then needing to complete a synoptic end point assessment. The juxtaposition of EPA and HEI assessments means that apprentices are over assessed, as the capability and understanding of the learner have already been assured through the higher education process.

This article aims to critically evaluate current and future approaches to end point assessment, considering recent changes to the end point assessment process for nursing (and other professional or statutory regulated professions), and to discuss implications for HE practice, clinical practice, government policy, and Education and Skills Funding Agency (ESFA) policy.

Assessment for or assessment of learning?

Billett (1996) suggests that vocational learning as a concept should consist of a series of goals that allow learners to develop both procedural and conceptual knowledge. Acquisition of both types of knowledge is critical for learners to enter their chosen community of practice and the use of learning goals and appropriate guidance enabling the achievement of the desired outcomes (Hordern, 2015). The design of any curriculum, therefore, seeks to enable learners to meet the desired outcomes, gain knowledge of their chosen topic and, in the case of vocational education, enter their chosen profession. This transition from novice to expert has been conceptualised in Benner's (1984) five-stage model which suggests that student nurses pass through escalating levels of proficiency from novice to expert during their pre-registration journey. This process is equally applicable to other professions. Conscious awareness of knowledge and competence within the learner is critical to passing through these levels and thus mirror Billett's (2006) goal-setting approach to vocational learning. The journey of apprentices should be considered one of learning rather than education (Billett, 2006) and viewed as preparation for a lifetime of future learning in the chosen occupational role. Both perspectives are helpful in shaping understanding of the learner journey and how a 'staged' approach to goal setting, achievement and evaluation enable vocational learners to become immersed in their chosen community of practice (Lave and Wenger, 1991).

Gibbs and Simpson (2005) provided a useful insight into the value of assessment in higher education and highlighted how students are influenced by the assessment content in their

programme. Miller and Parlett (1974) explored students' understanding of the assessment process: perhaps not surprisingly noting that students invested more time on assessments on which they placed greater value. There has previously been debate about the use of coursework or examinations in higher education programmes, both having value (Ramsden, 2003). However, Gibbs and Simpson's (2005) study demonstrated that student outcomes in coursework activity were more indicative of future work performance and long-term learning than examinations.

Hernandez (2012) distinguished between summative and formative assessment, with the former being used for certification and the latter for learning. Terminology associated with assessment is somewhat inconsistent, and the use of continuous assessment has been merged with formative in some instances (Hernandez, 2012). Yorke (2003) notes that even summative assessment can have formative elements, with the assessment contributing both achievement of specified learning outcomes and student learning at the same time using feedback. To this end, clarity of terminology (especially with EPA being classified as 'synoptic' rather than summative) would be beneficial. Yorke (2003) presented a cohesive argument about the use of both forms of assessment in education, but critical to both is the validity and reliability of the assessment task.

Although assessment provides a measure of student ability (or acts as a proxy thereof) (Boud, 2000), it has multiple functions. Yorke (2003) argued that not only is there an element of constructivism within assignment tasks, but they also fulfil a fundamental epistemological role. To this end, assessment could, in its broadest sense, be a mechanism by which to effect a behavioural change in the learner. Kroepe (1988) explores the epistemology of assessment, suggesting that assessment of knowledge via examination relies first on the assessor and student having the same shared understanding and constructs of the items being examined and secondly, that similar assumptions are made about the required or suggested answers. Gadow (1995) notes that professions such as nursing need to bring together both general (or underpinning) knowledge together with 'particular' (or situational) knowledge about a patient to safely and competently administer care.

To this end, the condensation of an extended period of personal learning and development into a discrete period of assessment raises questions about both validity and reliability. End Point Assessment is undoubtedly summative in its nature and, as is acknowledged by the Institute for Apprenticeships and Technical Education (IFATE) (Institute for Apprenticeships and

Technical Education, 2017), solely utilised as a means of certifying that learning has occurred or competency achieved. Competency itself is a contested notion – does the ability to demonstrate a particular skill under observation infer that the apprentice is fully competent? Gallagher, Smith and Ousey (2012) note that the reductionist approach of identifying discrete skills that student nurses are assessed against ignores the complex mix of skills and personal attributes suggested by the higher-level term ‘holistic competency’.

Any reliance on End point assessment in isolation, therefore, to provide assurance that the requisite knowledge, skills, and behaviours have been acquired and can be successfully implemented needs to be contingent. End point assessment should perhaps be viewed as the ‘threshold’ at which apprentices can safely practice more independently having completed their apprenticeship. The assessment of understanding and the ability to apply learning appropriately must sit elsewhere and to ignore these fundamental features of vocational education and training surely threatens trust in the apprenticeship brand once more.

International approaches to end point assessment (EPA)

Approaches to apprenticeships in continental Europe differ significantly from the English model, with vocational education and training (VET) generally being held in much higher esteem (Hyland, 2014). Young people can enter VET as part of their time in compulsory schooling (in Germany this is termed the ‘dual’ approach to apprenticeships) – it is not just reserved for those entering or already in employment (Hordern, 2015). As such, direct comparisons between the English and continental approaches should be made with caution as young people complete general qualifications as well as vocational assessments as part of their apprenticeship (Hellwig, 2005).

Unwin (2017) provided a comprehensive overview of international approaches to apprenticeships and their assessment, with variability seen across Europe. In Denmark, for example, discrete elements of learning are assessed with apprentices being deemed competent in those areas and able to ‘step off’ and enter employment. Equally, they can step back into the apprenticeship to further their learning within a specified timeframe. In contrast, assessment is undertaken at the end of the period of learning in Germany. Switzerland uses a mix of both continuous and end point assessment to evaluate the knowledge and skills of its apprentices.

In Europe, there appears to be greater consistency in the administration of assessment and the involvement of industry. Most countries studied by Unwin (2017) involve industry experts (the equivalent of UK Sector Skills Councils) in the design of assessment, ensuring that employers are equal partners in the assessment process, either continuous or at the end point. In that respect, Richard's (2012) vision is closely aligned with European practice, but the definite move away from continuous assessment sets England apart from its continental neighbours. In most continental systems, there is a mix of continuous and final assessment, with a variety of assessment methods being used to make judgements about the apprentice's knowledge and competence in their chosen field (Unwin, 2017).

The integration of a nationally recognised qualification studied as part of the apprenticeship varies and not all countries align their apprenticeship scheme with higher education (Andersson, Wärvik, and Thång, 2015; Jørgensenm 2017; Billett, 2016; Pilz, 2007). The English approach to higher and degree apprenticeships, therefore, has unique elements, with apprentices having the opportunity to achieve a higher education qualification as part of their apprenticeship.

In apprenticeships where the higher education award is a mandatory requirement of professional registration, the dual approach may create tension within the system. Professional and regulatory bodies such as the NMC already specified the requirements of any qualification required to enter their professional register (Nursing and Midwifery Council, 2018). The advent of the apprenticeship and associated assessment was seen to be over and above their existing requirements and therefore integration of the EPA challenged their regulatory powers and statute.

Future approaches to end point assessment

It is necessary to consider emerging and future approaches to end point assessment. For professional regulated programmes, the ESFA is implementing a policy of a pseudo-integrated end point assessment (Camden, 2020; Institute for Apprenticeships and Technical Education, 2021). For example, for the nursing and nursing associate end point assessment plans, the EPA is changing from examinations or professional discussions to becoming an essential administrative process as part of the training provider's quality assurance and conferment processes (NHS Employers, 2020). This will be self-contained, managed by the higher education institution, and will be much faster to complete than an external end point assessment process (Institute for Apprenticeships and Technical Education, 2021). This model (or at least

a version of it) will be applied to all degree apprenticeships in the future and implications discussed in this paper are likely to be applicable beyond health-related programmes.

The COVID-19 pandemic resulted in derogations from apprenticeship assessment plans with different approaches approved by the Institute for Apprenticeships and Technical Education (IFATE) (Institute for Apprenticeships and Technical Education, 2021). Observation of the apprentice in their working environment forms a key part of the EPA assessment plan for most apprenticeships, although the pandemic brought an understandable halt to this and interruptions to apprenticeships generally (Ventura, 2020). Especially in health and social care environments, visitors were prohibited, meaning that independent direct physical observation became impossible. The EPA for nursing-related apprenticeships had already shifted from direct observation to the use of 'professional discussions' as the accepted EPA in version two of the standard. However, the pandemic meant that for some apprenticeship standards, for example, nursing associate, there was a complete change to the assessment plan, resulting in minimal assessment of apprentices and more of a 'confirmation of completion' approach (Institute for Apprenticeships and Technical Education, 2021). This rightly raised questions about the validity, purpose and requirement for end point assessment. If, during a time of national crisis, a derogation can be implemented which no longer required apprentices to undergo a 'final assessment', what was the purpose of undertaking this in the first place, and why should this be reintroduced?

IFATE has subsequently announced a further change to the end point assessment plan for nursing and nursing associate apprenticeships (Institute for Apprenticeships and Technical Education, 2021), and indicated that this change will be implemented across other end point assessment plans for statutorily regulated qualifications. The revision to the assessment plan for the Nurse Degree Apprenticeship represents a significant change in both approach and content of the assessment, with the requirement for two items of assessment removed and, for the first time, integration of the EPA. The assessment plan requires the training providers themselves to become end point assessment organisations, with the end point assessment only consisting of a confirmatory process at the assessment board (Institute for Apprenticeships and Technical Education, 2021). Training providers must conduct all pre-EPA compliance before completing this step, including holding a gateway meeting. By making these changes, there is an integration of the requirements for registration, completion of the award, and completion of the apprenticeship. This brings recognition of parity between the apprenticeship and the degree

award, and an apprentice may not register without completing their apprenticeship (as was the case before this change). It also resolves the enduring problem of a paucity of End Point Assessment Organisations in the sector. By asking training providers to become the de facto EPAO for integrated degree apprenticeships, delays to apprenticeship roll out should be removed although training providers need to be aware of the challenges and risks being an EPAO will inevitably bring.

A key element of ensuring an apprentice is ready for award, registration, and completion of the apprenticeship is the practice assessment process. As part of all Nursing and Midwifery Council (NMC) approved pre-registration nursing programmes, learners will complete their mandatory Practice Assessment Document (PAD) throughout their training. All learners must complete this piece of assessment, not just apprentices and this documentation is largely standardised across the United Kingdom (UK). The PAD has been closely mapped to the NMC's Standards for Pre-registration Nursing and is approved by the NMC for all education providers to use. As the nurse degree apprenticeship standard is also mapped to the NMC's requirements, there is a clear line of sight between the requirements of both the regulator and IFATE, with the PAD recognised as a standard measure of student ability to meet the NMC, and thus, apprenticeship requirements. Although the PAD is not the only form of assessment for those undertaking pre-registration training, it is a standard part of all nursing degree qualifications across the UK, and in this respect is unique. Whilst training providers often have free rein to assess the knowledge, skills and behaviours mandated by the apprenticeship standard as they choose, standardisation of the PAD offers assurance that all apprentices will undertake at least one form of assessment which is the same regardless of the training provider. In the new assessment plan, completion of the programme which incorporates the PAD, combined with the process of academic scrutiny and ratification within the Approved Education Institution, increases the level of reliability and reputation of the EPA. The implications of this policy change are far-reaching and may have consequences not just for pre-registration apprenticeships, but for all apprenticeships with a non-integrated end point assessment.

Implications for HE practice

The introduction of apprenticeship end point assessments had a significant impact on Universities and brought about change to both organisational structure and processes to accommodate apprenticeships (Rowe, Perrin and Wall, 2016). End point assessments, because

they are synoptic, may have left HEIs feeling their assessments are undervalued or not trusted (House of Commons, 2018). However, every university's approach to assessment is quality assured as part of the Quality Assurance Agency (QAA) and now Office for Students (OfS) frameworks. Apprenticeships and end point assessments are subject to increased and more complex external quality assurance, and HEIs will need to consider how they approach this.

If HEIs are to undertake their own end point assessments, they will need to consider how they maintain impartiality and independence during the process. This is a requirement of the EPA process and includes management and oversight of the EPA (Education and Skills Funding Agency, 2020). A degree of separation is required between the programme team (i.e. those teaching the programme) and those confirming the requirements are met for the end point assessment (Education and Skills Funding Agency, 2020). In the case of integrated EPAs, separation and impartiality are still required and HEIs may not have enough staff or resources to be able to deliver this element separately. The latest guidance issued to HEIs about the management of integrated EPA for nursing apprenticeships advocates the use of a separate EPA external examiner, which will provide some assurance to ESFA that a degree of separation has at least been attempted. HEIs will also need to consider the resource implications for managing the administration side of EPAs – a plethora of paperwork is required for compliance, and this area may be under-recognised and resourced for apprenticeships in HEIs. Further Education colleges often see EPA as being part of the examinations function, however, this can result in EPA be regarded as a discrete function whereas it should be a holistic part of the apprenticeship.

HEIs are required robust policies and regulations (Quality Assurance Agency, 2018) however these are normally designed for undergraduate and postgraduate degree awards. Separate policies and regulations may be required to ensure HEIs are compliant with ESFA funding rules, and therefore HEIs need to consider apprenticeship- and EPA-specific policies which apply to monitoring and management of apprenticeships/EPAs. There are often contradictions, disagreements, or discrepancies between ESFA rules and HEI regulations requiring individual programme arrangements or derogations. These need to be addressed and articulated in separate (albeit related) policies.

These contradictions extend to the external quality assurance (EQA) of all apprenticeships and end point assessment. The government's announcements that OFSTED will inspect all apprenticeships from April 2021 and quality assurance of EPA will be delivered by OFQUAL

or the Office for Students (Education and Skills Funding Agency, 2020) bring further complications for higher education providers, particularly for apprenticeships requiring regulatory approval. The notion that OFQUAL will assess whether the conduct of the EPA is ‘fair, comparable and consistent’ (IFATE, 2020, P4) simply adds a further layer of inspection to a highly regulated sector. How will this inspection integrate with the role of the external examiner or internal quality processes? In the case of the pre-registration health apprenticeships where the EPA consists of verifying the practice assessment document is adequately completed, the professional regulator will also expect to retain some control over this process. In essence, higher education is about to enter a game of regulatory ‘top trumps’ but recognising who holds the most power in the game is still to be decided. If all layers of quality inspection are in agreement, then EQA becomes a confirmation of the confirmation, but what if OFQUAL / OfS and the regulatory body disagree?

This new landscape also means different relationships for HEIs with employer partners, the ESFA and IFATE, and apprentices themselves. HEIs will need to carefully consider this shifting landscape and their role within it. The role of independent End Point Assessment Organisations (EPAOs) will be diminished, and there is likely to be greater scrutiny of HEIs because of this. For some EPAOs, there may be existing contractual arrangements that are dissolved because of policy changes, resulting in a reduction of income and possible closure. Ultimately, HEIs can have a positive effect on EPAs, which will result in greater and more timely completion rates – however, because of this, the role these metrics play in assuring quality may diminish. During a period of what has come relatively significant and fast-paced change in apprenticeship policy, keep pace and ensuring continuing compliance becomes challenging for higher education institutions. Some are still relatively new to apprenticeships and understanding the associated nuance of policy and its implications for training providers may unwittingly lead to HEIs being non-compliant.

Finally, because of the changing nature of EPA and bringing this ‘in house’, the actual cost of performing EPA is likely to reduce. This could support the government’s agenda of reducing the cost of apprenticeships by reducing funding bands (Allen-Kinross, 2018; Milton, 2018). Therefore, HEIs are likely to lose funding because of EPA reforms, because the cost to deliver them is reduced. HEIs, however, will still incur costs in setting up a separate, independent, ‘arm’ to deliver EPA, and it is unlikely this will be adequately funded, leaving HEIs to absorb the additional cost. The funding rules make it clear that employers and training providers need

to negotiate the cost of EPA at the beginning of the apprenticeship – will employers seek to reduce the costs associated with EPA because they no longer recognise it as a separate element (Education and Skills Funding Agency, 2020)?

Implications for clinical practice

Clinical practice requires that professionals who are competent, proficient, and if required for the job, professionally registered (HCPC, 2016; NMC, 2018). Since the mid-1990s, there has been a deliberate and definite move to professionalise health-related programmes and shift them away from delivery by and within the NHS (Price, 2009). This was an important aspect of a wider professionalisation agenda, giving health professionals more autonomy to make and enact decisions about care (Wilkes, Cowin, and Johnson, 2015; Mahaffey, 2002; Orsolini-Hain and Waters, 2009; Francis and Humphreys, 1999; Camaño-Puig, 2005). It coincided with research showing that degree-level study improved the survival of patients (Aiken et al, 2011), resulting in degree-only entry qualification for nurses from the early noughties (The Willis Commission, 2012; Bhardwa, 2013). Allied Health Professions continue the professionalisation journey, with imminent changes to the threshold registration qualifications for operating department practitioners (HCPC Education and Training Committee, 2020) and paramedics (HCPC, 2018) forthcoming. This is a process of evolution, and most healthcare professionals will eventually require degree entry-to-register qualifications. The shift away from NHS-based delivery towards higher education brought about an associated move to continuous assessment and the ‘state final’ examination essentially became consigned to history. Although, there are increasing instances of where NHS organisations work in close partnership with Universities to deliver programmes (Universities UK, 2003), somewhat reversing the divide seen from the mid-1990s onwards between the education and clinical sectors. Arrangements that see increased integration of education and practice do, however, involve complex subcontracting arrangements and regulations (Education and Skills Funding Agency, 2021) which Universities and partnering organisations may seek to avoid.

Richard’s review (2012) suggested that the introduction of End Point Assessment would bring both standardisation and transferability of apprenticeship qualifications, as well as increasing trust in the apprenticeship ‘brand’. However, this issue had been addressed in health-related programmes well before current apprenticeship reforms with the introduction of state registration. The oversight of regulatory and professional bodies also addressed issues of training provider consistency and subsequent qualification transferability. Therefore, EPAs

arguably presented regulated professions and clinical practice with a problem it had already resolved.

Since the inclusion of EPAs in apprenticeships in 2017, there have been delays between the end of a qualification in the traditional sense and the completion of the EPA, in some cases of up to three months. This can be a serious challenge for healthcare organisations who wish to get their staff qualified and working as quickly as possible. Under the assessment plan revisions, this challenge is removed for many but will remain for some roles such as assistant practitioners where there is no regulatory requirement. Health and care organisations often value the qualification or registration more than the apprenticeship itself and thus the apprenticeship risks becoming a funding mechanism for staff development rather than a full vocational journey. The assessment plan changes will be welcomed in clinical practice but the difference between nursing associate and assistant practitioner higher apprenticeships may further widen the gap between these two qualifications which ultimately lead to similar job roles in the NHS.

The current debate about the presence of mandatory qualifications in apprenticeships and the threat this poses to the foundation degree element of the assistant practitioner higher apprenticeship is a further problem and may ultimately signal the demise of this critical role. In a sector where academic credentialing is highly prized, the assistant practitioner role will become devalued and marginalised in favour of the nursing associate, particularly as the latter leads to professional regulation. This in turn will stifle the development of assistant practitioners in the Allied Health Professions and remove vital career development pathways on which the NHS has come to rely. At a time when the NHS is about to launch into the post-COVID recovery phase, systems need to work in harmony and IFATE needs to make concessions around both the mandatory qualification and EPA in the case of the assistant practitioner to provide workforce capacity and stability.

Implications for government policy

Critics of the Modern Apprenticeship policy of the 1990s focused in part on assessment and quality assurance (Fuller and Unwin, 2003). The changes to EPA, whilst welcomed by many, may herald the first signs of dissatisfaction and mistrust of the current government policy iteration. Amendments to approaches for EPA leading to professional registration or perhaps with other integrated qualifications suggests these may be of superior quality and do not require the final element of assessment conferring standardisation or transferability. The continuing

presence of EPA in other apprenticeships may be perceived as problematic for employers or, at worst, lead them to, once more, have less confidence in the apprenticeship brand. These latest changes essentially introduce a ‘two-tier’ element to apprenticeships – ‘notional’ or ‘full’ EPA.

Much was made of the introduction of EPA (Department for Business, Innovation and Skills, 2015) although, as this article has discussed, its validity and reliability mean its successful completion is an inadequate proxy for the ability of the apprentice to undertake the role they are seeking to enter. Government policy on apprenticeships has been challenged repeatedly since its introduction, including revision of public sector targets (Whieldon, 2020; Department for Education, 2020) and integration of end point assessment at sub-degree level (Institute for Apprenticeships, 2020). The lack of organisations stepping forward to become EPAOs created a further delay for apprenticeship policy implementation, as no apprenticeship standard could be delivered without an EPAO being identified after October 2019 (IFATE, 2020).

The latest changes suggest that ‘lip service’ is being paid to end point assessment policy either because of inadequate understanding at the time of its introduction or because it is not fit for purpose in some cases. Current and future governments will need to think about these considerations when reviewing and revising apprenticeship policies.

Implications for ESFA policy

There is no doubt the recent derogations/flexibilities and the changes to assessment plans for professional regulated programmes will impact ESFA policy. By effectively removing the need for external validation or scrutiny of the end point assessment process, the intrinsic value of the award’s integrity returns. This change for professional regulated programmes may eventually be adopted by other apprenticeship assessment plans.

The regulations themselves may require revision in accordance with the changed assessment plans. The revised plans themselves arguably create a third classification of EPA: not integrated (whereby the assessment may be part of a module), or independent (where the assessment is conducted externally), but pseudo-integrated (where apprentices do not undertake any additional assessment, but there is internal-external recognition of completion).

Whilst there is standardisation of the apprenticeship standard and assessment plan, there is still variation in the content of apprenticeships and EPAs. Whilst the nature of the EPA is specified, the actual content of the assessment is left to each EPAO. Parity and equity should be aimed

for rather than standardisation, but there must continue to be some external quality assurance of what training providers and employers are doing as part of the EPA process.

Consequently, the 20% of the funding band which is reserved for end point assessment (Education and Skills Funding Agency, 2020) will inevitably be reviewed, which at a time when funding bands are being reviewed wholesale, brings additional uncertainty for training providers, employers, and the apprenticeship system itself. Simplification of the end point assessment process will inevitably lead to suggestions that an associated reduction in cost is appropriate.

A requirement to confirm completion of the apprenticeship still remains (Education and Skills Funding Agency, 2020), and this should retain an element of independence and objectivity. How will ESFA reassure itself that this is being achieved when training providers have full control over the end point assessment process and what measures will training providers need to put in place to assure ESFA of their compliance? Clear guidance about the roles and expectations of training providers is necessary to ensure they do not unwittingly become non-compliant in their role as EPAOs. The simplification of the EPA content and process must not leave training providers or employers open to criticism about their independence or the quality of the apprenticeship.

Conclusion

This article has critically evaluated current and future approaches to end point assessment, as well as considered recent changes to the end point assessment process for nursing (and other professional or statutory regulated professions). It has discussed the implications for HE practice, clinical practice, government policy, and ESFA policy. The changes to the assessment plans for statutory regulated programmes are welcomed as they will restore the integrity of the professional qualification, with training providers and employers heaving a sigh of relief. However, for those EPAOs who stepped into the breach when no other organisation was willing, this is a cruel blow. Significant investment has been squandered and the projected return on that investment has disappeared. Even worse, the pace of implementation has been slowed and apprenticeship completion rates (and income) for some training providers have been low as employers could not see the value of their apprentices completing the EPA, subsequently meaning minimum standards were not met.

Where there is no standardised qualification as part of the apprenticeship, EPA probably is appropriate and will offer the standardisation envisioned by Richard. However, in the healthcare arena, EPA is now not required to the same extent and secondary issues may emerge because only some apprentices achieve professional registration at the end of their apprenticeship. For example, the Assistant Practitioner Higher Apprenticeship does not lead to professional registration, although successful completion of the foundation degree embedded in many of the apprenticeship standards leads to similar outcomes and employment opportunities to that of the Nursing Associate. These two roles will be further divided, no doubt leading to intensified calls for professional recognition of the assistant practitioner role once more.

Trust in the apprenticeship brand is growing; a welcome outcome of apprenticeship reforms, but changes to EPA need to be carefully messaged and implemented to maintain that trust. Where quality, standardisation and transferability are already assured via integrated awards, the government needs to own its mistakes and admit EPA was an unnecessary addition that is now being removed. Ultimately, the inclusion of an EPA in many apprenticeship standards was arguably pointless. The difficulty of completing EPAs has resulted in delayed completion for many apprenticeship standards and created tensions between employers, training providers, and EPAOs. The EPA process is probably suitable and appropriate for some apprenticeship standards - particularly those which are lower level, e.g. hairdressing and others which do not lead to professional registration. However, it is not suitable or appropriate for all - for example, those which lead to professional registration. There needs to be a nuanced, contextualised, right-touch approach to external verification and oversight of apprenticeships including end point assessment, with some external quality assurance of what training providers and employers are doing as part of the EPA process, although not to the extent that there is currently. How this approach may emerge and develop remains to be seen.

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Response to reviewer comments

We would like to thank the reviewers for their comments, which have helped ensure that the paper is as robust as possible. Please see our response to individual comments in the table below.

Reviewer one	Written response	Page/document reference
<p>The paper draws on a wide variety of sources of literature, from both academic papers and key policy documentation. It clearly evaluates the evolution of the EPA, using appropriate sources and considers the wider educational context of assessment and EPA.</p> <p>However, I think that the role of EPA also verifies competence- not just certifying learning (p6) and this should at least be discussed.</p> <p>The Covid derogations have undoubtedly influenced the evolution of the EPA process for the NMC registered programmes and this is very well articulated, with well reasoned arguments for maintaining the status quo.</p>	<p>We have added in some information about competency and the role that EPA might (or might not) play in assuring competence.</p>	<p>P5-6</p>
<p>The analysis of the key themes within the paper leads well into the implications for various stakeholders and the conclusion.</p> <p>the only omission from my perspective is the potential threat of the removal (in accordance with ESFA policy) of the FD from the AP standard, which will further broaden the gap between the perceptions of the NA and AP qualifications.</p>	<p>Thank you – we feel very strongly about this ourselves and think that this addition strengthens the paper further.</p>	<p>End of ‘Implications for Clinical Practice’ section</p>
<p>The paper is well structured around the question posed in the title and investigates this from a variety of dimensions. As this is an opinion piece this is entirely appropriate.</p>	<p>Thank you.</p>	
<p>The analysis of the key themes within the paper leads well into the implications for various stakeholders and the conclusion.</p> <p>the only omission from my perspective is the potential threat of the removal (in accordance with ESFA policy) of the FD from the AP standard, which will further broaden the gap between the perceptions of the NA and AP qualifications.</p>	<p>We have addressed this – please see the section above.</p>	
Reviewer Two		
<p>Yes. I do, however, feel several issues need consideration. I was surprised no reference is made to External Quality Assurance of EPA and the IfATE movement to have EPA conducted by Ofqual (all Apps apart from integrated DAs) or OfS/QAA for integrated DA or in a very limited number of areas</p>	<p>We have tried to pose relevant questions or raise the relevant points requiring consideration.</p>	<p>See ‘Implications for HE practice’.</p>

<p>a PSRB. What does this change mean for nursing/healthcare EPA and EPA overall? IfATE is also moving from a position of opposing the inclusion of a degree/qualification in an Apprenticeship (reference the mandatory qualification rule) to valuing their inclusion. See the forthcoming consultation on DA (widely trailed) and due in May. This does/will contain much on EPA and reflects some points made.</p>	<p>We have mentioned the removal of mandatory qualifications from some apprenticeships in the context of the assistant practitioner / HA. At the time of responding, we still await the publication of the consultation, but have attempted to include what we *think* will be proposed, as some of this information is still emerging.</p>	
<p>The paper is sound - but arguably needs inclusion of this issues identified under 2. A double check on how issues raised relate to the ESFA Funding Rules would be useful.</p>	<p>We have reviewed how these contributions relate to the funding rules, and we have strengthened reference to these throughout the text.</p>	
<p>Yes - although I think sometimes the arguments presented and based on experience in the health sector are over applied to other sectors? In the past a key argument was that Apprenticeships were assessment driven rather than training driven. By the end of the Apprenticeship, although continually assessed the individual was not occupationally competent hence the current focus on Apprenticeship being training driven and EPA confirming occupational competence. This remains a key driver for the programme. Overall I think policy makers would be most concerned over the lack of EPAOs and limited capacity and ability to respond to employer/apprentice demand for EPAO. I think we need to be careful about assuming the experience of one sector represents the overall experience of all sectors.</p>	<p>We have added a comment which addresses this to the 'Future approaches...' section and 'Implications for Government Policy' section</p>	
<p>∴ Very well written. I do, however, the author needs to define very clearly what EPA, an EPAO and EQA is at the start.</p>	<p>We have inserted these definitions.</p>	
<p>EPA is a key feature of English Apprenticeship policy and programmes. Sometimes the article positions developments as UK policy e.g. the Richard review. The English focus of the research and review needs to be very clear.</p>	<p>Thank you – we have addressed this error.</p>	

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